

**CITY OF WICHITA
DEPARTMENT OF PARK & RECREATION
PLAYGROUND MATCHING FUND APPLICATION**

1. Date of Application:_____
2. Name and Address of Neighborhood Association:_____
3. Name of Contact Person:_____
- Phone#:_____Address:_____
4. Names and Addresses of Association Officers:_____
5. Name of Park:_____
6. Approximate dollar amount of match requested: \$_____
7. Scope of project (give as much detail as possible, including whether match will be primarily cash or in-kind contributions):_____

Larry Hoetmer
Landscape Architect

Authorized Neighborhood
Representative

Approved:

Douglas R. Kupper, CPRP, Director
Park and Recreation Department

Date

Note: The neighborhood association has 18 months from the date of this application to raise the necessary matching funds for the project.